

The Following Information is Required and Must be Complete—If Not Applicable, Please Write N/A

Child's Name:	Child Goes By: N/A		
Date of Birth:	Parents' Names:		
Address:			
Home Phone:			
Email Address:			
SCHEDULE Pleas	e select desired schedule, progra	am, weeks, and days	
	Half Day (8:00 AM—12:30) Full Day (7:00 AM—5:00PM		
PROGRAM	Two Year Olds Rising Three Year Olds Rising Four Year Olds Rising Kindergarteners School Age (6-10 year olds)		
WEEK SELECTION (Must si	gn up for entire session, if both se	ssions are chosen then 1 weel	c of vacation optional)
Session A		Session B	
1. (June 23-June 27)	6.	(July 28-Aug. 1)	
2. (June 30-July 4) *	7.	(Aug. 4-Aug. 8)	
3. (July 7-July 11)	8.	(Aug. 11-Aug. 15)	
4. (July 14-July 18)	9.	(Aug. 18-Aug. 22)	
5. (July 21-July 25)	10	0. (Aug. 25-Aug. 27) Hours 7-3PM	Child Care Days Only for WBA Fall 2024 students)
*Closed July 4th in observar	ce of Fourth of July		
DAY SELECTION Mono	lay—Friday Mon/ ¹	Wed/Fri Tues/1	Thurs
tion requires a minimum of t	vo weeks' written notice. Witl	10ut two weeks' notice, th	up session begins, future session cancella- ne tuition amount will be charged to the in by May 16, 2025 <u>no exceptions.</u>
-	Record, completed Physical Form	n, Enrollment Form and Bi	the Parental Permission/Tuition Agreement rth Certificate must be provided. The non-

Guardian /Parent Signature